

**Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report**

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE		ESTABLISHMENT NAME	
Regular			A	08 / 15 / 2016		MCDONALD'S OF MATE	
Follow-up				TIME IN	TIME OUT	PERMIT HOLDER	
Complaint	✓	✓		11:20	12:00	JCA CUAM, LLC.	
Investigation				SANITARY PERMIT NO.		LOCATION (Address)	
Other:				160000931		LOT 1142-2-222 NEW, MATE	
ESTABLISHMENT TYPE				AREA	TELEPHONE	No. of Risk Factor/Intervention Violations	RISK CATEGORY
RESTAURANT				4	472-2578	0	3
				No. of Repeat Risk Factor/Intervention Violations			
				0			

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Supervision						
1	IN	OUT	Person in charge present, demonstrates knowledge, and performance duties			6
Employee Health						
2	IN	OUT	Management awareness; policy present			6
3	IN	OUT	Proper use of reporting, restriction & exclusion			6
Good Hygienic Practices						
4	IN	OUT	N/A	N/O		6
5	IN	OUT	N/A	N/O		6
Preventing Contamination by Hands						
6	IN	OUT	N/A	N/O		6
7	IN	OUT	N/A	N/O		6
8	IN	OUT				6
Approved Source						
9	IN	OUT				6
10	IN	OUT	N/A	N/O		6
11	IN	OUT				6
12	IN	OUT	N/A	N/O		6
Protection from Contamination						
13	IN	OUT	N/A			6
14	IN	OUT	N/A			6
15	IN	OUT				6
Potentially Hazardous Food (TCS Food)						
16	IN	OUT	N/A	N/O		6
17	IN	OUT	N/A	N/O		6
18	IN	OUT	N/A	N/O		6
19	IN	OUT	N/A	N/O		6
20	IN	OUT	N/A			6
21	IN	OUT	N/A	N/O		6
Consumer Advisory						
22	IN	OUT	N/A			6
Highly Susceptible Populations						
23	IN	OUT	N/A			6
Chemical						
24	IN	OUT	N/A			6
25	IN	OUT				6
Conformance with Approved Procedures						
26	IN	OUT	N/A			6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: If numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Safe Food and Water						
27			Pasteurized eggs used where required			1
28			Water and Ice from approved source			2
29			Variance obtained for specialized processing methods			1
Food Temperature Control						
30			Proper cooling methods used; adequate equipment for temperature control			1
31			Plant food properly cooked for hot holding			1
32			Approved thawing methods used			1
33			Thermometer provided and accurate			1
Food Identification						
34			Food properly labeled; original container			1
Prevention of Food Contamination						
35			Insects, rodents, and animals not present			2
36			Contamination prevented during food preparation, storage & display			1
37			Personal cleanliness			1
38			Wiping cloths: properly used and stored			1
39			Washing fruits and vegetables			1
Proper Use of Utensils						
40			In-use utensils: properly stored			1
41			Utensils, equipment and linens: properly stored, dried, handled			1
42			Single-use/single-service articles: properly stored, used			1
43			Gloves used properly			1
Utensils, Equipment and Vending						
44			Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45			Warewashing facilities: installed, maintained, used; test strips			1
46			Nonfood-contact surfaces clean			1
Physical Facilities						
47			Hot & cold water available, adequate pressure			2
48			Plumbing installed; proper backflow devices			2
49			Sewage and wastewater properly disposed			2
50			Toilet facilities: properly constructed, supplied, & cleaned			2
51			Garbage/refuse properly disposed; facilities maintained			2
52			Physical facilities installed, maintained, and clean			1
53			Adequate ventilation and lighting; designated areas use			1

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign)	Date:
VEAT B. LAXMANA	8 / 15 / 16
DEH Inspector (Print and Sign)	Follow-up (Circle one): YES <input type="radio"/> NO <input checked="" type="radio"/>
E. LUM	Follow-up Date
L. NAVARRO	NA

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[illegible]

Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

AN INVESTIGATION WAS CONDUCTED TODAY BASED ON COMPLAINT NO. 16-059 B REGARDING BAD SMELL IN THE FRONT DOOR. THE FOLLOWING WAS OBSERVED TODAY:

ALL VIOLATIONS ON PREVIOUS INSPECTION DATED 06/03/2016 WERE CORRECTED (ITEMS # 38, 46, AND 54).

NO NEW VIOLATIONS WERE OBSERVED; HOWEVER, THE COMPLAINT WAS SUBSTANTIATED BECAUSE A FOUL ODOR WAS NOTICED IN THE DINING AREA. PIC SAID THERE IS A SCHEDULED PLUMBING MAINTENANCE SERVICE TO BE CONDUCTED TOMORROW TO HOPEFULLY ADDRESS THE ISSUE.

BRIEFED PIC, LEAH B. LAXMANA, ON ABOVE.

Person in Charge (Print and Sign)	LEAH B. LAXMAN	Date:
DEH Inspector (Print and Sign)	B. WIM / L. NANTAW QL	Date: 08/11/16

White: DPHSS/DEH Yellow: Food Establishment